

Bullock Co. Corrections
(INSTITUTION)

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME:

Richard Wright

AIS NO:

B/187140

CELL:

4157

VIOLATION#
OR REASON

3/- ASSAULT ON ANOTHER TUNING

ADMITTANCE

AUTHORIZED BY:

H. Babers

DATE & TIME

RECEIVED:

E 11/3/04 10:40 P.M.

DATE & TIME

RELEASED:

PERTINENT

INFORMATION:

[illegible]

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e. 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
XERO PHOTO COPIED

CONFIDENTIAL
NOT TO BE PHOTO COPIED

DULOCK CO. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright
 VIOLATION ³¹
 OR REASON: Assault on Another Inmate
 DATE & TIME RECEIVED: 11/3/04 10:40 P.M.
 PERTINENT INFORMATION:

AVIS NO: B/187140 CELL: # 4
 ADMITTANCE AUTHORIZED BY: Lt. Babers
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/27	MORN	Y			N			N		
	DAY		N		N			N		
	EVE			Y	N			N		
MON										
12/28	MORN	Y			N			N		
	DAY		N		N			N		
	EVE			Y	N			N		
TUE										
12/29	MORN	Y			N			N		
	DAY		N		N			N		
	EVE			Y	N			N		
WED										
12/30	MORN	Y			N			N		
	DAY		N		N			N		
	EVE			Y	N			N		
THUR										
12/31	MORN	Y			N			N		
	DAY		N		N			N		
	EVE			Y	N			N		
FRI										
1/1	MORN	Y			N			N		
	DAY		N		N			N		
	EVE			Y	N			N		
SAT										
1/2	MORN	Y			N			N		
	DAY		N		N			N		
	EVE			Y	N			N		
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside of Containment (9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

FOR PROFESSIONAL USE ONLY
 CONFIDENTIAL RECORD
 NOT TO BE PHOTO COPIED